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**Introduced by Senator Florez**

February 23, 2009

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An act to amend Section 1288.55 of the Health and Safety Code, relating to health care facilities.

LEGISLATIVE COUNSEL'S DIGEST

SB 212, as introduced, Florez. Health facilities: infections.

Existing law provides for the licensure and regulation of health facilities by the State Department of Public Health. A violation of these provisions is a crime.

Existing law requires health facilities to report to the department and the federal Centers for Disease Control and Prevention specified infections. Existing law also requires the department to develop and implement various Internet-based reporting systems, as prescribed.

This bill would make technical, nonsubstantive changes to these provisions.

Vote: majority. Appropriation: no. Fiscal committee: no.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

- 1 SECTION 1. Section 1288.55 of the Health and Safety Code
- 2 is amended to read:
- 3 1288.55. (a) (1) ~~Each~~ A health facility, as defined in paragraph
- 4 (3) of subdivision (a) of Section 1255.8, shall quarterly report all
- 5 cases of health-care-associated MRSA bloodstream infection,
- 6 health-care-associated clostridium difficile infection, and
- 7 health-care-associated Vancomycin-resistant enterococcal
- 8 bloodstream infection, and the number of inpatient days.

(2) ~~Each~~ A health facility shall report quarterly to the department all central line associated bloodstream infections and the total central line days.

(3) ~~Each~~ A health facility shall report quarterly to the department all health-care-associated surgical site infections of deep or organ space surgical sites, health-care-associated infections of orthopedic surgical sites, cardiac surgical sites, and gastrointestinal surgical sites designated as clean and clean-contaminated, and the number of surgeries involving deep or organ space, and orthopedic, cardiac, and gastrointestinal surgeries designated clean and clean-contaminated.

(b) The department's licensing and certification program shall do all of the following:

(1) Commencing January 1, 2011, post on the department's *Internet* Web site information regarding the incidence rate of health-care-acquired central line associated bloodstream infections acquired at each health facility in California, including information on the number of inpatient days.

(2) Commencing January 1, 2012, post on the department's *Internet* Web site information regarding the incidence rate of deep or organ space surgical site infections, orthopedic, cardiac, and gastrointestinal surgical procedures designated as clean and clean-contaminated, acquired at each health facility in California, including information on the number of inpatient days.

(3) No later than January 1, 2011, post on the department's *Internet* Web site information regarding the incidence rate of health-care-associated MRSA bloodstream infection, health-care-associated clostridium difficile infection, and health-care-associated Vancomycin-resistant enterococcal bloodstream infection, at each health facility in California, including information on the number of inpatient days.

(c) Any information reported publicly as required under this section shall meet all of the following requirements:

(1) The department shall follow a risk adjustment process that is consistent with the federal Centers for Disease Control and Prevention's National Healthcare Safety Network (NHSN), or its successor, risk adjustment, and use its definitions, unless the department adopts, by regulation, a fair and equitable risk adjustment process that is consistent with the recommendations

1 of the Healthcare Associated Infection Advisory Committee  
2 (HAI-AC), established pursuant to Section 1288.5, or its successor.

3 (2) For purposes of reporting, as required in subdivisions (a)  
4 and (b), an infection shall be reported using the NHSN definitions  
5 unless the department accepts the recommendation of the HAI-AC  
6 or its successor.

7 (3) If the federal Centers for Disease Control and Prevention  
8 do not use a public reporting model for specific  
9 health-care-acquired infections, then the department shall base its  
10 public reporting of incidence rate on the number of inpatient days  
11 for infection reporting, or the number of specified device days for  
12 relevant device-related infections, and the number of specified  
13 surgeries conducted for surgical site infection reporting, unless  
14 the department adopts a public reporting model that is consistent  
15 with recommendations of the HAI-AC or its successor.

16 (d) Health facilities that report data pursuant to the system shall  
17 report this data to the NHSN and the department, as appropriate.